| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404943 | **Albemarle** | **21** | 20 | Duplicate of claim system. | | | | | |
| | | **8599** | 78 | Detail not covered by combination of recipient, provider and benefit package. | | 31 | **159** | 884 | 725 |
| | | **191** | 11 | Client ID number does not match patient name. | | | | | |
| 3404902 | **Blue Ridge** | **8599** | 1001 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | **191** | 115 | Client ID number does not match patient name. | | 318 | **1666** | 6660 | 3567 |
| | | **21** | 48 | Duplicate of claim system. | | | | | |
| 3404912 | **Catawba** | | | | | | | | |
| | | | | | | 1 | **1** | 39 | 38 |
| | | | | | | | | | |
| 3404917 | **Centerpoint** | **8000** | 31 | No rate available on file to price this detail. | | | | | |
| | | **8599** | 315 | Detail not covered by combination of recipient, provider and benefit package. | | 141 | **569** | 1987 | 1418 |
| | | **191** | 25 | Client ID number does not match patient name. | | | | | |
| 3404916 | **Crossroads** | **8544** | 18105 | Claim denied due to invalid from date of service. | | | | | |
| | | **8599** | 1619 | Detail not covered by combination of recipient, provider and benefit package. | | 0 | **20129** | 20130 | 1 |
| | | **143** | 224 | Client ID number not on State eligibility file. | | | | | |

| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404927 | Cumberland | 8599 | 300 | Detail not covered by combination of recipient, provider and benefit package. | | 28 | 396 | 4298 | 3888 |
| | | 5404 | 16 | Severe duplicate. | | | | | |
| | | 8622 | 14 | 60 Residential level II treatment received, PA is required for additional service. | | | | | |
| 3404959 | Davidson | | | | | 0 | 0 | 0 | 0 |
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| 3404944 | Eastpointe | 8517 | 2573 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | 203 | 3453 | 13851 | 10398 |
| | | 191 | 70 | Client ID number does not match patient name. | | | | | |
| | | 8000 | 62 | No rate available on file to price this claim detail. | | | | | |
| 3404946 | Foothills | | | | | 0 | 0 | 0 | 0 |
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| 3404919 | Guilford | 8599 | 345 | Detail not covered by combination of recipient, provider and benefit package. | | 65 | 1275 | 7598 | 6323 |
| | | 21 | 420 | Duplicate of claim system. | | | | | |
| | | 8517 | 265 | Claims denied, submitted beyond filing timelimit. | | | | | |

| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404930 | Johnston | 8599 | 21 | Detail not covered by combination of recipient, provider and benefit package. | | 0 | 36 | 824 | 788 |
| | | 21 | 2 | Duplicate of claim system. | | | | | |
| | | 8517 | 11 | Claims denied, submitted beyond filing timelimit. | | | | | |
| 3404929 | Lee-Harnett | 120 | 44 | Client ID number missing or invalid. | | 32 | 1362 | 6069 | 4707 |
| | | 8599 | 1178 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 23 | 71 | Service requires PA. | | | | | |
| 3404913 | Mecklenburg | 8599 | 43 | Detail not covered by combination of recipient, provider and benefit package. | | 0 | 58 | 594 | 536 |
| | | 120 | 7 | Client ID number missing or invalid. | | | | | |
| | | 191 | 8 | Client ID number does not match patient name. | | | | | |
| 3404939 | Neuse | 191 | 180 | Client ID number does not match patient name. | | 239 | 2702 | 8834 | 6132 |
| | | 120 | 605 | Client ID number missing or invalid. | | | | | |
| | | 8599 | 1311 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| 3404979 | New River | 8599 | 2523 | Detail not covered by combination of recipient, provider and benefit package. | | 126 | 2891 | 13465 | 10574 |
| | | 8517 | 59 | Claims denied, submitted beyond filing timelimit. | | | | | |
| | | 21 | 51 | Duplicate of claim system. | | | | | |

| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404934 | Onslow | 8599 | 168 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 21 | 9 | Duplicate of claim system. | | 5 | 196 | 953 | 757 |
| | | 191 | 8 | Client ID number does not match patient name. | | | | | |
| 3404921 | OPC | 21 | 142 | Duplicate of claim system. | | | | | |
| | | 8599 | 436 | Detail not covered by combination of recipient, provider and benefit package. | | 42 | 732 | 3271 | 2539 |
| | | 10 | 31 | Diagnosis or service invalid for client age. | | | | | |
| 3404910 | Pathways | 8599 | 84 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 21 | 328 | Duplicate of claim system. | | 69 | 556 | 2530 | 1974 |
| | | 8517 | 31 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | | | | |
| 3404924 | Piedmont | | | | | | | | |
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| 3404932 | Randolph | 8599 | 75 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 8517 | 20 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | 40 | 188 | 1152 | 964 |
| | | 120 | 27 | Client ID number missing or invalid. | | | | | |

Cycle Date: **08/19/2003**

| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404942 | Roanoke-Chowan | 8599 | 381 | Detail not covered by combination of recipient, provider and benefit package. | | 20 | 450 | 2897 | 2447 |
| | | 8517 | 11 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | | | | |
| | | 191 | 23 | Client ID number does not match patient name. | | | | | |
| 3404918 | Rockingham | 8599 | 177 | Detail not covered by combination of recipient, provider and benefit package. | | 6 | 245 | 1053 | 804 |
| | | 21 | 33 | Duplicate of claim system. | | | | | |
| | | 5404 | 14 | Severe duplicate. | | | | | |
| 3404925 | Sandhills | 8599 | 402 | Detail not covered by combination of recipient, provider and benefit package. | | 103 | 863 | 9492 | 8629 |
| | | 21 | 140 | Duplicate of claim system. | | | | | |
| | | 8517 | 98 | Claims denied, submitted beyond filing timelimit. | | | | | |
| 3404901 | Smoky Mountain | 8599 | 176 | Detail not covered by combination of recipient, provider and benefit package. | | 10 | 360 | 1160 | 800 |
| | | 8517 | 120 | Claims denied, submitted beyond filing timelimit. | | | | | |
| | | 27 | 30 | Diagnosis code missing or invalid. | | | | | |
| 3404933 | Southeastern Center | 8599 | 69 | Detail not covered by combination of recipient, provider and benefit package. | | 51 | 212 | 2509 | 2297 |
| | | 21 | 18 | Duplicate of claim system. | | | | | |
| | | 8632 | 28 | Six occurances of AMAO services have processed and paid, PA is required for additional service. | | | | | |

| Provider Number | Provider Name | High Denial EOBs | Number of Denials | Description | Research | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|---|---|---|---|---|---|---|---|---|---|
| 3404926 | Southeastern Regional | 8599 | 2126 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 5404 | 490 | Severe duplicate. | | 1062 | 8743 | 14603 | 5860 |
| | | 21 | 4162 | Duplicate of claim system. | | | | | |
| 3404957 | Tideland | 8599 | 268 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 191 | 27 | Client ID number does not match patient name. | | 175 | 4002 | 7900 | 3898 |
| | | 21 | 3499 | Duplicate of claim system. | | | | | |
| 3404905 | Trend | 21 | 1 | Duplicate of claim system. | | | | | |
| | | | | | | 0 | 1 | 74 | 73 |
| | | | | | | | | | |
| 3404923 | VGFW | 8599 | 519 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 8517 | 60 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | 12 | 634 | 2667 | 2033 |
| | | 21 | 31 | Duplicate of claim system. | | | | | |
| 3404931 | Wake | 8599 | 462 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 143 | 70 | Client ID number not on state eligibility file. | | 142 | 898 | 9139 | 8241 |
| | | 27 | 35 | Diagnosis code missing or invalid. | | | | | |
| 3404936 | Wilson-Greene | 8599 | 94 | Detail not covered by combination of recipient, provider and benefit package. | | | | | |
| | | 8517 | 14 | Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year. | | 6 | 126 | 1529 | 1403 |
| | | 120 | 8 | Client ID number missing or invalid. | | | | | |

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